Dear Families,

Along with teaching your child during Guided Reading, I am also a Graduate Student at Brooklyn College. I am conducting an Early Action Research Project titled, “The Importance of Early Literacy.” This Research Project is designed to examine how literacy in younger grades extends to all content areas, as well as their success in higher grades.

We would like to include your child in this project. Your child was selected as a possible participant because has shown steady growth from Kindergarten until their current grade in reading. The project will take place during My Guided Reading Group in Room 420, Mondays-Friday from 7:55am – 9:25am for 3 months.

The information from this project will be kept confidential. No students nor the name of the school will be identified. Research data will be stored in a secure location. The data will be made available only to the persons conducting the project, the Principal and at the parent of the participant (by request). No reference will be made in oral or written reports that could link your child to the project.

If your child takes part in this project, he/she will be asked to do the following activities:

* Independent Read for 20 minutes.
* Be recorded while they answering comprehension question, running record, and STEP testing.
* Share their STEP testing growth from the beginning of the project until the end.

Your child's participation in this project is completely voluntary. Your decision whether or not to allow our child to participate will not affect your or your child’s relationship with the school. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who have parental permission and who want to participate will do so, and any child may stop taking part at any time. You are free to withdraw your permission for your child's participation at any time and for any reason without penalty.

If you have any questions, please feel free to contact me at your earliest convenience. I can be reached at 347-553-6670.

Sincerely,

Ms. Huggins

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**I DO / DO NOT (circle one) give permission for my child \_\_\_\_\_\_**

**(Name of child)**

**to participate in the research project described above.**

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(Print) Parent’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature Date